

05-29-01

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.

TYPED NAME **DARRYL KRINER**

SIGNED *[Signature]*

09/866512
05/24/01

Patent No. A-58634-7/RMS/RMK

Updated Classification of this Application:

Class: Subclass:

Patent Application

Examiner:

Art Unit:

Box PATENT APPLICATION

Assistant Commissioner for Patents
Washington, DC 20231

Sir:

This is a request for filing an

- ☐ Original
- ☒ Continuation
- ☐ Divisional
- ☐ Continuation-in-part

application under 37 C.F.R. 1.53(b), in the name of

Thomas J. MEADE
(Names of ALL Applicants)

for MRI AGENTS FOR THE DETECTION OF PHYSIOLOGICAL AGENTS
(Title of Invention)

This ☒ continuation ☐ divisional ☐ continuation-in-part

claims priority to pending application Serial No. 60/207,619, filed on May 26, 2001.

- (a) ☐ Enclosed is a new application.
 - (b) ☐ Enclosed is a continuation-in-part application.
 - (c) ☒ Enclosed is a copy of the prior application.
2. (a) ☐ Enclosed is a new Declaration.
 - (b) ☐ Enclosed is a copy of the prior Declaration as originally filed.
3. (a) ☒ Applicant claims Small Entity status under 37 CFR 1.27.
 - (b) ☐ A Small Entity Affidavit is of record in the prior application.
4. ☐ The filing fee is calculated below:

Claims as filed in the prior application, less any claims canceled by amendment below:

	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
			RATE	FEE	RATE	FEE
BASIC FEE				\$355		\$710
TOTAL CLAIMS	- 20 =	*	× 9 =	\$	× 18 =	\$
INDEP CLAIMS	- 3 =	*	× 40 =	\$	× 80 =	\$
MULTIPLE DEPENDENT CLAIM PRESENTED <input type="checkbox"/> yes <input type="checkbox"/> no			+135 =	\$	+270 =	\$
If the difference in Col 1 is less than zero, enter "0" in Col. 2			TOTAL	\$	TOTAL	\$

5. ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. _____).

6. ☐ Our check in the amount of _____ is enclosed.
☒ The filing fee is NOT being submitted with this transmittal letter.
7. ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.)
8. ☐ Amend the specification by inserting before the first line the sentence:
--This is a ☐ continuation ☐ divisional ☐ continuation-in-part
of application Serial No. _____ filed _____--
9. (a) ☒ Informal drawings are enclosed (26 sheets).
(b) ☐ Formal drawings are enclosed.
10. (a) ☒ Priority of application Serial No. 60/207,619 filed on May 26, 2000 in the United States of America is claimed under 35 U.S.C. 119/120.
(b) ☐ The certified copy has been filed in prior application Serial No. _____ filed on _____.
11. ☐ The prior application is assigned of record to _____
12. ☐ The power of attorney in the prior application is to:
Name: _____
Address: _____

- (a) ☐ The power appears in the original papers in the prior application.
(b) ☐ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
(c) ☐ A new power has been executed and is enclosed.
(d) ☐ Address all future communications to:
- FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP
Four Embarcadero Center - Suite 3400
San Francisco, California 94111-4187
Tel.: (415) 781-1989
Fax: (415) 398-3249
13. ☐ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)
14. ☐ I hereby verify that the attached papers are a true duplicate of prior application Serial No. _____ as originally filed on _____.

Date: 5/24/01

Signature: Robin M. Silva
Robin M. Silva, Reg. No. 38,304

Address of Signer:

FLEHR HOHBACH TEST
ALBRITTON & HERBERT LLP
4 Embarcadero Center - Suite 3400
San Francisco, California 94111-4187
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Fax: (415) 398-3249

☐ Attorney or agent of record
☐ Filed under Section 1.34(a)